

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila
 District of Coolidge Dam
 Town of San Carlos

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 166
 County Registrar No. _____
 Local Registrar No. _____

City of _____ No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Raymond Stone } If child is not yet named, make supplemental report, as directed.

Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? yes. 7. Date of birth 8. 17. 1927
 Month day year

| | | | |
|--|--|---|--|
| 1. FATHER Full name <u>Mark Stone</u> | | 14. MOTHER Full maiden name <u>Edna Chinn</u> | |
| 2. Residence (Usual place of abode) <u>San Carlos,</u> If nonresident, give place and state <u>Ariz.</u> | | 15. Residence (Usual place of abode) <u>San Carlos,</u> If nonresident, give place and state <u>Ariz.</u> | |
| 3. Color or race <u>4/4 Indian</u> | 11. Age at last birthday <u>22</u> (Years) | 16. Color or race <u>4/4 Indian</u> | 17. Age at last birthday <u>19</u> (Years) |
| 6. Birthplace (city or place) <u>San Carlos,</u> (State or country) <u>Ariz.</u> | | 18. Birthplace (city or place) <u>Rice,</u> (State or country) <u>Ariz.</u> | |
| 8. Occupation Nature of industry <u>common laborer.</u> | | 19. Occupation Nature of industry <u>housewife.</u> | |

Number of children of this mother _____ (a) Born alive and now living 2 21. Were precautions taken against ophthalmia neonatorum? no.
 taken as of time of birth of child herein (b) Born alive but now dead 0
 listed and including this child. (c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of this child, who was born alive at 11 A. on the date above stated.
 (Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., could make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth. If name added from supplemental report _____
 Signature C. H. Sawyer, M.D. (Physician or midwife)
 Address San Carlos, Ariz.
 Filled 19 C. H. Sawyer. Local Registrar.
 Month, day, year.

Registrar.

Filed 19

County Registrar.

925-417-535